

APPLICATION DATA SHEET

Application Information

Application number: unassigned
Filing Date: 02/01/2002
Application type: Regular
Subject Matter: Utility
Suggested Classification:
Suggested Group Art No.:
CD-Rom or CD-R: None
Number of CD Disks:
Sequence Submission?:
Computer Readable Form?:
Number of CRF Copies:
Title: "Method And Apparatus For Increasing
the Delivery of Fuel to an Engine"
Attorney Docket No. 200.402
Request for Early Publication: NO
Request for Non-Publication: NO
Total Drawing Sheets: 4
Small Entity?: YES
Petition Included: NO
Petition Type:
Licensed by US Govt. Agency: NO
Contract or Grant Numbers:
Secrecy Order In Parent Appl.: NO
Applicant Authority Type: Inventors
Primary Citizenship Countries: USA

Inventor

Status: Full Capacity
Given Name: Steve
Middle Name: M.
Family Name: Matusek
Name Suffix:
City of Residence: Shawnee Mission
State of Residence: Kansas
Mailing Address: 9800 W. 121st Terrace
Zip Code: 66231

Inventor

Status: Full Capacity
Given Name: Daniel
Middle Name: W.
Family Name: Jones
Name Suffix:
City of Residence: Lenexa
State of Residence: Kansas
Mailing Address: 14801 W. 114th Terrace
Zip Code: 66215

Inventor

Status: Full Capacity
Given Name: Shawn
Middle Name:
Family Name: Wessol
Name Suffix:
City of Residence: Parkville
State of Residence: Missouri
Mailing Address: 218 W. 74th Street
Kansas City, Kansas
Zip Code: 64114

Inventor

Status: Full Capacity
Given Name: Glennon
Middle Name: R.
Family Name: Roderique
Name Suffix:
City of Residence: Lenexa
State of Residence: Kansas
Mailing Address: 14801 W. 114th Terrace
Zip Code: 66215

Correspondence Information:

The Law Office of Debra J. Fickler
12525 Grandview Drive
Huntley, IL 60142-9501

Phone: (847) 669-3117
Fax: (847) 669-9698
E-Mail: djfickler@att.net

Domestic Priority Information:

Application:	Continuity Type:	Parent Application	Parent Filing Date:
A METHOD AND APPARATUS FOR INCREASING THE DELIVERY OF FUEL TO AN ENGINE	P r o v i s i o n a l	6 0 / 2 7 0 , 8 0 4	February 23, 2001

Foreign Priority Information:

C o u n t r y :	Application Number:	F i l i n g D a t e	Priority Claimed:

Assignee Information

Assignee Name:

Street Address:

City of Mailing:

State:

Country:

Postal or Zip Code: